

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/801,507

FILING DATE

03-03-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12	1						62						
13	1						63						
14		1					64						
15	1						65						
16	1	1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26	1						76						
27		1					77						
28	1						78						
29		1					79						
30		1					80						
31		1					81						
32	1						82						
33		1					83						
34	1						84						
35		1					85						
36		1					86						
37	1						87						
38		1					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	38						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS